

PART B - FEE(S) TRANSMITTAL

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34704 7590 09/20/2010

BACHMAN & LAPOINTE, P.C.
 900 CHAPEL STREET
 SUITE 1201
 NEW HAVEN, CT 06510

12/17/2010 EEKUBAY2 00000036 020184 10553251

01 FC:1501 1510.00 DA

02 FC:1504 300.00 DA

03 FC:8001 30.00 DA

FILING DATE

10/553,251

01/31/2007

Georg Roeder

05-646

1817

TITLE OF INVENTION: APPLICATOR AND PROCESS FOR THE PRODUCTION OF AN APPLICATOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	12/20/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
DOAN, ROBYN KIEU	3732	132-320000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Bachman & LaPointe, P.C.

2

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Schwan-STABILO Cosmetics GmbH & Co. KG

Heroldsberg, Germany

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee

☒ Publication Fee (No small entity discount permitted)

☒ Advance Order - # of Copies Ten (10)

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

☐ A check is enclosed.

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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-0184 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /Gregory P. LaPointe #28395/

Date December 16, 2010

Typed or printed name Gregory P. LaPointe

Registration No. 28,395

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